

**INCOME GUARANTEE MONTHLY REPORT**

**Month:** \_\_\_\_\_

**Recruited Physician:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**REVENUE:** \$ \_\_\_\_\_ (Medicare)

\$ \_\_\_\_\_ (Medicaid)

\$ \_\_\_\_\_ (Commercial)

\$ \_\_\_\_\_ (Self-Pay)

\$ \_\_\_\_\_ (Total Revenue)

**INCREMENTAL EXPENSES:**

Type of Incremental Expense	Amount	Reason Expense is Incremental
Office Space		
Medical Equipment		
Office Equipment		
Medical Supplies		
Office Supplies		
Medical Personnel Salary		
Medical Personnel Benefits		
Administrative Personnel Salary		
Administrative Personnel Benefits		
Physician Malpractice Insurance		
Physician Benefits		
Billing Services		
Advertising/Marketing		
<b>TOTAL INCREMENTAL EXPENSES</b>	\$	

**TOTAL REVENUE:** \$ \_\_\_\_\_

**TOTAL INCREMENTAL EXPENSES:** \$ \_\_\_\_\_

**MONTHLY NET:** \$ \_\_\_\_\_

**MONTHLY INCOME GUARANTEE AMOUNT:** \$ \_\_\_\_\_

**MONTHLY NET:** \$ \_\_\_\_\_

**AMOUNT DOWLED BY/CREDITED TO HOSPITAL:** \$ \_\_\_\_\_